

# Hypothetical Behavioral Cases/Application of Reauthorized IDEA

*What are the issues? What legal language applies?*

## Hypothetical 1

Chad has attention deficit disorder and specific learning disability in reading. He is currently 14 years old, served in a middle school RSP program 2 periods per day. Chad periodically refuses to complete work, and will use verbal aggression (threats/swearing) with teachers who persist with task demands.

He disrupts others at times and does not complete all work required. This appears periodically across all classrooms. These episodes occur approximately 3x per week, whenever he feels the task is “too hard, too long, or too boring.” He appears red in the face, puts his head down, muttering 4 letter words under his breath at these times. Both of Chad’s parents are anxious to help, but don’t know how they state. He has been increasingly having these difficulties since approximately 4th grade.

Chad has been suspended 4 times for behavior problems, specifically swearing at teachers in a loud voice and threatening to harm them with statements such as, “I could make you eat this paper, you think you are so smart, how would you like to wear this chair, baby.”

**Task: Plan for behavior support for Chad**

## Hypothetical 2

Six months have now elapsed and Chad’s behavior has noticeably improved to the point of receiving several positive notes home. He is learning self-advocacy skills and has asked for accommodations successfully. He is using time-away when prompted, and has learned some verbal negotiation strategies. He still is not completing all assignments, but improvement is noted.

Monday morning, in his general education history class, a substitute teacher became upset when Chad was observed with his head down and threatened to send him to the office if he didn’t get some work done. Chad said, “Leave me alone, you #\*cker”, angering the substitute who ordered him out of the room. When Chad refused, the substitute lifted him out of the chair (gently), and Chad turned and shoved him hard enough to fall backwards into a chair. The substitute then got up and attempted to grab Chad by the arms saying, “Now you’ll see who is boss.” Chad then punched this teacher in the face and ran from the school site. Expulsion proceedings have been ordered by the school principal because of the seriousness of the “attack”, the broken facial bone of the teacher adding testament to the strength of Chad’s physical hit.

Chad’s family is making the case that his teacher/school should have informed the substitute of Chad’s behavior plan and how to handle these difficulties. They claim it is unfair to institute expulsion or lengthy suspension because the teacher exacerbated the problem. The family and their advocate are now present with you at a manifestation determination meeting.

**Task: Conduct Manifestation Determination Meeting and Functional Behavioral Assessment of the Incident. Elect 1-2 people to take parent/advocate position.**

## Hypothetical 3

Colin has autism, is six years old and essentially nonverbal. His mental age is estimated at approximately age two. He becomes upset if routines are changed (screams, hides under a chair).

He is currently in an inclusion setting and follows the routines of the other students in the Kindergarten class. He has one-on-one aide support, services of an inclusion specialist, and a teacher who is anxious to improve Colin’s skills.

**Task: Develop a Behavior Support Plan**

## Hypothetical 4

Martha, a 6th grade student with AD/HD and a 504 plan, receives modifications in her general education classrooms AND utilizes RSP study skills support in her general education classroom in a small group as a result of a recent student study team decision. On Tuesday she started a physical fight during lunch that resulted in a black eye to her former good friend Terry. Martha was suspended. This was her first suspension of the year. (Last year she had 9 suspensions for physical fights, use of profanity, and refusing to comply with adult direction.) On Thursday, the day she returned to school, her friend Terry punched Martha in the stomach and Martha retaliated by hitting Terry in the face hard enough to cause significant swelling. Both students were suspended. Martha's mother has requested an IEP meeting to see if there is anything that can be done to help Martha with her poor school behaviors.

**Task: Discuss Behavior Support Planning/Develop a Plan**

## Hypothetical 5

Stacy is a victim of sexual abuse by an adult neighbor. She is now 13 years old, 7th grade. She was repeatedly abused for 4 years before telling the authorities. The neighbor is now incarcerated. She has received special education services as a learning disabled student in math since the age of seven. There is a severe discrepancy between her above average cognitive skills and math, and the psychological processing deficit identified is attention and sequential processing. Stacy frequently is in fights with her peers (verbal only) and gains and loses friends easily. She is very athletic, plays all sports well and is exceptional at basketball, as is her older sister on the basketball team at UCLA.

She receives court-ordered therapy 2x weekly in the community, sees the school psychologist 1x weekly for individual DIS support to address low self esteem and peer difficulties. Stacy seeks out teachers, alternating just like with her friendships, hating Teacher A one week, then "loving" that teacher the next week. Her current favorite is an art teacher.

Stacy has had 2 suspensions this year for profanity. During a recent art lesson, Stacy waited impatiently in line to show her teacher her project, seeking approval and direction on what to do next. After a long wait, her growing impatience was noticeable. When her turn came, Stacy "glared" at the teacher, approaching her very closely with art project and exacto knife (school property, necessary for the task) in her hand. The teacher felt threatened by Stacy's demeanor and ordered her to her seat. Later, in reporting the incident and demonstrating the physical position of herself, Stacy, the knife and art project, it was decided that this was a "weapon" and that expulsion proceedings should be instituted.

**Task: Discuss Manifestation Determination and Functional Behavioral Assessment Issues**

## Hypothetical 6

Mark and Anthony are two high school freshmen who continue to take Ritalin for their attentional difficulties. They have both been in special education classes (SDCs) off and on since first grade. Currently, they both receive one period per day RSP study skills. They are doing well in school, earning Bs and Cs in general education classes, though impulsive responding and other AD/HD related behaviors have required accommodations. Neither boy is a behavior problem in class, though Anthony was suspended for a prank involving a teacher's lunchbox last year.

The boys found a bullet on the way to school together and decided to put it in the Shop Teacher's Forge to see what would happen (they remembered having put a penny on a railroad track and wanted to know what a melted bullet would look like according to their responses in interview).

This was their favorite class and they were both earning "Bs" at the time of the incident. When the teacher opened the door, 1000 bullet fragments exploded out. Miraculously, no one was hurt. Expulsion proceedings are now occurring.

**Task: Discuss Manifestation Issues**

## Hypothetical 7

Alicia, age 3, receives DIS speech/language services 2x per week for 30 min. in a small group setting. She also attends a district diagnostic preschool 1X per week for two hours that includes parent participation. For 4 consecutive weeks Alicia has been biting her classmates during group play, twice breaking the skin. This occurs whenever Alicia wants a toy someone else has, or if anyone tries to take her toys. She does not aggress in small group activities at circle time. Alicia has been asked to leave the diagnostic preschool because of her behavior, but her parents have hired an advocate who states that this is in effect, a change of placement against parent wishes and therefore a manifestation determination and functional behavioral assessment are required. The district has agreed in mediation, as an alternative, to keep Alicia in the class and to write a support plan.

**Task: Discuss the advocate's position, develop a support plan.**

## **Hypothetical 8**

Ryan, a 9 year old individual with learning disabilities and AD/HD takes Ritalin 2x per day. His FAA based PBI plan notes that when Ryan receives his medication, he rarely is aggressive and assaultive. His mother says he now resists medication and she can not always be sure he has taken his morning dose. There has been a MAJOR increase in assaults on peers by Michael according to the school principal, who has begun suspending Michael nearly weekly. Sometimes the suspensions are "in-school suspensions", sometimes a traditional suspension is given. The family and Ryan claim he has been taking his medication, but the district says that is unlikely. They now claim Ryan must go to an SDC at a neighboring school where better supervision can be given. Ryan's family believes the behavior plan is not providing enough "support during non-structured times" such as on the playground and on the bus.

**Discuss: What are the issue in change of placement, behavior plans to be considered?**

## **Hypothetical 9**

Alex has Tourette Syndrome and learning disabilities. He currently is eligible for special education due to "other health impairment", but received services under "learning disability" previously. Alex is an 11th grader, served 100% of his day in general education classes; indeed, he is an "A" and "B" student with particular skills in computer programming. He takes tests in the RSP room to decrease anxiety and "chunk" the test into smaller increments. On many occasions Alex disrupts classes by making snorkeling sounds, and by hysterical giggling if any classmates says something he finds funny. His teachers want to know how to handle these problems.

**Discuss: Behavior Support Planning**

## **Hypothetical 10**

Lindsay is a non-verbal 11 year old with severe mental retardation. Her current mental age is estimated to be less than 9 months, but she is ambulatory. Lindsay uses high pitch screaming and whining as an all-purpose behavior: to get what she wants, to protest being asked to do non-preferred tasks, and so forth.

**Task: Discuss Behavior Support Planning**

## **Hypothetical 11**

Gus is a 16 year old, in an auto accident 2 years ago and in a coma for 9 months. Prior to the accident, he was a B/C student, with skills in saxophone and getting along with others. He had no disabilities prior to the accident. He was a very popular, handsome, happy adolescent, with many girl friends. He was involved in church and school activities and was an office assistant as an elective class. He has been in school again now for the last 6 months and people are talking about how different he is. He is disorganized, forgets assignments, talks out without inhibition, intrudes on the conversations of others, and often has an angry facial affect (though he denies feeling angry). His parents are asking for a coordinated plan for handling his difficulties in the classroom, between classes and at lunch.

**Task: Discuss Behavior Support Planning**

## **Hypothetical 12**

Ralph is an 8th grader with a reading disability who has been in the RSP program since 4th grade. His parents are non-English speaking immigrants. Ralph has had 10 office referrals in 2 years and was suspended 8 times last year. Offenses have been task refusal, improper clothing, swearing at teachers, failing to suit out for P.E., physical fighting (2x) and sexual harassment of a 6th grade girl. These offenses have increased in intensity since entering middle school as a 6th grader. There were no offenses prior to middle school and he has been in the same district since 2nd grade. His grades in elementary school were “B”s and “C”s. In 6th and 7th grade his GPA was 1.5. There is no behavior plan yet for Ralph, although he does see the counselor bi-weekly to report on classwork in a small group.

Last week Ralph made a physical threat to have “my homeboys kill you.” The police have become involved due to the victim’s parents’ testimony. Expulsion has been recommended. Ralph associates with known gang members, wears identifiable clothing and has tattoos associated with a specific gang. His parents are very upset and want him moved to another setting. They had requested this in the past, but are particularly adamant at this time.

**Task: Discuss Manifestation Determination, Behavior Planning, Next steps**

## **Hypothetical 13**

Jane is a psychologist for xyz elementary school one day per week. Unbeknownst to her, a student with HIV enrolled in the 5th grade in April. Five people were informed of the health status: 1. Classroom teacher, 2. Health aide, 3. School counselor, 4. Principal, 5. Assistant Principal. There is a parent surrogate (one of the medical researchers at a local university hospital that work with Max on a team of five). Max lives in a group home. Jane became aware of Max when the RSP teacher, Helen, came to her requesting Jane approve Max’s eligibility for special education as “other health impaired.” It seems the school principal presented the RSP teacher with the request that she do an academic assessment “immediately” last week (end of May). Helen did so she told Jane because this principal had promised Helen the new 2nd grade regular education teaching position for the following year and she was afraid that to refuse would jeopardize this offer. Helen then was called into a meeting (June 1st) and told to write the IEP for eligibility as OHI, with no explanation she told Jane on June 5th. She relayed this information to Jane with much emotion, begging for Jane’s signature. Helen had deferred at the meeting, stating she could not enroll Max in special education without psychologist approval. Helen had then been told to secure Jane’s signature and approval by the end of the week. Helen begged Jane to sign, which she reluctantly did after discovering that Max had bit 3 students in the last month, and that he was HIV positive. (This confidential information was revealed by the health aide to Jane (June 6th) with the promise not to tell the source. Jane had approached the health aide for information when she noticed on the cum folder the words “blood born illness” under vision/health/hearing status.) Jane decided to help her friend Helen, enrolling him as OHI.

Jane is now unsure what her course of action should be, what legal issues are involved, and what to do next. Now, (September) Jane has discovered more information that troubles her. No one at the school has been trained in how to care for an HIV student other than the health aide (on campus two mornings per week). Apparently the district had sought legal counsel on whether to inform the 3 students’ parents who had been bit. It was determined that the more recent student’s parents should be informed (they are very active in school affairs), but not to inform the earlier two students’ families (families often felt to be “dysfunctional” by school personnel). The informed student’s parents had immediately gotten their son tested for HIV and this had been negative (2 weeks after the bite).

Jane has not yet written her psychoeducational report, and has told no one at district office of Max’s enrollment. As it turns out, the school principal had hoped that enrollment would result in removal to an SDC class at another school. Over the summer, the surrogate had become convinced that remaining at the current school was a better idea. Max is not enrolled in RSP 1 period per day for study skills. There are study skills goals on Max’s IEP. He misses a lot of school due to illnesses (35 days last year). His academics are about one year below placement. Everyone at the site is concerned because Max might bite someone again they think.

**Discuss all legal issues. Discuss what should/should not have been done. Discuss what Jane should do next.**